

Employment Application

Employee Information

Name:	First	Middle	Last	Preferred Name
Are you at least 18 years old?				
Address:				
City:			Province/State:	
Phone #:			Zip Code:	
Date Available:				

Emergency Contact

Name:	Relationship:
Address:	
City:	Province/State:
Country:	Zip Code:
Phone #:	

Hourly wage expected?	Position applying for:
Any special training?	

Personal References

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

Job History (Please add additional sheets if necessary)

Employer:	From	To	Pay Rate Per Hour	Phone #

Education

Please list all schools attended	Programs of Study	Completed	Comments

Have you ever been injured on the job? _____ If yes please explain: _____

Do you have any restrictions on your ability to lift or work a full day? _____
If yes please explain: _____

Have you ever been convicted of a criminal offense? _____ If yes please explain: _____

Do you have reliable transportation to get to work? _____

Please Circle if you are NOT willing to work.

Mon. Tues. Wed. Thurs. Fri. Sat. Sun Overtime

Do you have a valid drivers license? _____

Do you know anyone who works here? _____ If yes who? _____

Do you have a working knowledge of any of the following?

Plumbing _____ Drywall _____ Roofing _____ Carpentry _____ Electrical _____
Mechanics _____ Carpet laying _____ Heavy Equipment _____

If any of the above are checked please give details.

WE ARE A 100% DRUG FREE WORK PLACE. ALL EMPLOYEES ARE SUBJECT TO
RANDOM DRUG TESTING!!!

All information on this application is correct to the best of my abilities, and if there are any material
omissions or any untruthful answers above it may be grounds for immediate termination.

Signature: _____ Date: _____

For Office Use Only

Interviewer: _____ Hire Date: _____

Notes: _____

Rate of Pay: _____ Approved By: _____